

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -

12565

2. Fiscal Year Covered From

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Mitchell R Sawochka

P.O. Box, Bldg., Room No., if any

Street 417 laurel lane

City Valparaiso

State Indiana

ZIP Code + 4 46385

4. Name, file number, and address of labor organization.

Name Teamsters Local 142

Labor Organization File Number 028-845

P.O. Box, Building and Room Number, if any

Street 1300 clark road

City Gary

State Indiana

ZIP Code + 4 46404

5. Position in labor organization.

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

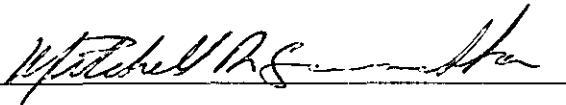
Nothing to report

7.b. Amount.

Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)

Signed



On

8/12/2005

Date

(219) - 548-9985

Telephone Number

Name of Person Filing Mitchell Sawochka	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any)</p> <p>Name Legacy Professionals LLP</p> <p>Trade Name if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 9301 Calumet Ave.</p> <p>City Munster</p> <p>State Indiana ZIP Code + 4 46321</p>	<p>9. Business deals with</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>												
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Teamsters local 142 H&amp;W &amp; Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1300 Clark road</p> <p>City Gary</p> <p>State Indiana ZIP Code + 4 46404</p>	<p>11.a. Nature of such dealing.</p> <table> <tr><td>June 11, 2004</td><td></td></tr> <tr><td>Board of Trustees Meeting</td><td>20.25</td></tr> <tr><td>Lunch</td><td>26.94</td></tr> <tr><td>Golf</td><td>\$194.87</td></tr> <tr><td>Dinner</td><td>\$104.07</td></tr> <tr><td>Total</td><td>\$346.12</td></tr> </table> <p>11.b. Approximate dollar value of such dealing. \$346</p> <p>12.a. Nature of interest held or income received.</p> <p>Nothing to Report</p> <p>12.b. Amount.</p>	June 11, 2004		Board of Trustees Meeting	20.25	Lunch	26.94	Golf	\$194.87	Dinner	\$104.07	Total	\$346.12
June 11, 2004													
Board of Trustees Meeting	20.25												
Lunch	26.94												
Golf	\$194.87												
Dinner	\$104.07												
Total	\$346.12												

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment</p> <p>Nothing TO Report</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment</p>

Name of Person Filing Mitchell Sawockka

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (\*) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Teamsters local 142 H&amp;W &amp; Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 clark road

City Gary

State Indiana

ZIP Code + 4 46404

## 9. Business deals with.

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

05/10/2004-05/14/2004 Real Estate Seminar

Travel to Airport &amp; Pinehurst NC \$276.03

Other travel expenses \$645.93

Total

\$921.96

## 11.b. Approximate dollar value of such dealing.

\$922

## 12.a. Nature of interest held or income received.

Nothing to Report

## 12.b. Amount.

Name of Person Filing Mitchell Sawockka	File Number U-
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**Part B Continuation Page**

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Teamsters local 142 H&amp;W &amp; Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1300 clark road</p> <p>City Gary</p> <p>State Indiana ZIP Code + 4 46404</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11/30/2004-12/05/2004 IFEBP (Annual Educational Conference) \$3360.85</p> <p>Includes, Conference Registration Fees, Airfair, Hotel, Other travel Expenses</p>
	<p>11.b. Approximate dollar value of such dealing. \$3,361</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Nothing to Report</p> <p>12.b. Amount.</p>

Name of Person Filing Mitchell Sawochka

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Teamsters local 142 H&W & Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 clark road

City Gary

State Indiana ZIP Code + 4 46404

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

IFEPP Conference in Honolulu-11/13/2005-11/16/2005  
Hotel Deposit & Conference fees \$1,310.00

11.b. Approximate dollar value of such dealing. \$1,310

12.a. Nature of interest held or income received.

Nothing to Report

12.b. Amount.

Name of Person Filing Mitchell Sawochka	File Number U-
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**Part B Continuation Page**

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Teamsters local 142 Training Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1300 Clark road</p> <p>City Gary</p> <p>State Indiana ZIP Code + 4 46404</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>IFEBP Conference in Las Vegas 1/11/2004-1/14/2004 Hotel &amp; travel Expenses \$1,097.87</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$1,098</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Nothing to Report</p> <hr/> <p>12.b. Amount.</p>

Name of Person Filing Mitchell Sawochka	File Number U-
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**Part B Continuation Page**

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Prudential Real Estate Investors</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street Eight campus Drive</p> <p>City Parsippany</p> <p>State New Jersey ZIP Code + 4 07054</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Teamsters local 142 H&amp;W &amp; Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1300 clark road</p> <p>City Gary</p> <p>State Indiana ZIP Code + 4 46404</p>	<p>11.a. Nature of such dealing.</p> <p>05/11/2004-05/13/2004 Real Estate Seminar held at Pinehurst NC.</p> <p>Total represents a per capita cost for the event.</p> <p>Total; \$2375.00</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$2,375</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Nothing to Report</p> <hr/> <p>12.b. Amount.</p>

**U. S. Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW, Room N-5616  
Washington, DC 20210**

**Re: 2004 LM-30 Report for Mitch Sawochka**

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 through December 31, 2004. As I was not aware of such report and its filing requirements, accurate records of reportable occurrences were not kept during the 2004 fiscal year, and some or several items may be unintentionally omitted from this report. This filing represents my honest effort to reasonably estimate and report what I believe to be the necessary information. If, in the future, additional transactions, dealings or interests become known to me that should have been reported for the 2004 fiscal year, I will immediately file an amended Form LM-30.

 8-12-05  
Signature Date